BIRCH, STEWART, KOLASCH & BIRCH, LLP

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COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

	next to my name; that I ver	or, I hereby declare that: my rily believe that I am the orig and joint inventor (if plural	ginal, first and sole inver	itor (if only one im	ventor is named
	claimed and for which a pa	tent is sought on the invention COMPOUNDS AND THEIR	on entitled:		
Insert Title:	ANTAGONISTS the specification of which	is attached hereto. If not att above and/or the following:	ached hereto, the applic		
Fill in Appropriate	The emerification was filed	na set	Inited States Application	Number	:
information -	the special poor was made	on as t (if applicable)	and fee	**************************************	**************************************
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Specification Attached:	and was amended on I hereby state that I have	n <u>02/17/2005</u> as PCI <u>08/68/2005</u> (if app we reviewed and understand t	i international Application oficable) he contents of the above-i	dentified specification	on, including the
	claims, as amended by any a	mendment referred to above, y to disclose information whi			
	I do not know and do a our invention, thereof, or pa thereof or more than one year of America more than one years inventor's certificate issue on an application filed by many to this ambication, and	not believe the same was ever tended or described in any pr or prior to this application, that ear prior to this application, that defore the date of this appli- te or my legal representative of that no application for patent	inted publication in any of the same was not in publicat the invention has not be incation in any country fore or assigns more than twelf or inventors certificate on	country before my o lic use or an sale in t even patented or ma even to the United S ive months (six mon t this invention has	or our invention the United States de the subject of tates of America other for designs) been filed in any
	country foreign to the Unite except as follows. I hereby claim fureign to	d States of America prior to t orients benefits under Title 35	his application by the or. Library Code, \$119	my legal represents 8(a)-(d) of any foreig	urves or assigns, gn application(s)
	for materit or inventor's cert	iificate listed below and have a filing date before that of the a	also identified below an	iy foteign applications (ty is claimed:	on for patent or rity Claimed
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Insert Priority Information	A Sunstant	(Country)	(Month/Day,	/Year Filed)	Yes No
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	(Number)	(Country)	(Month/Day,		Yes No
	(Number)	(Country)	(Month/Day,	/Year Filed)	Yes No
	I hereby claim the benefit u listed below.	nder Title 35, United States C	lode, \$119(e) of any Unite	ed States provisiona	
Insert Provisional	60/545,25	72.	Fe	bruary 18, 2004	****************
Application(s): (if any)	(Application Number)		(Filing Date)		***************************************
	(Application Number)	ser for any Patent or Inves	(Filing Date)		
	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:				
Insert Requested Information (if appropriate)		Applicati	on Number D	rate of Filing (Mont	h/Day/Yesr)
	including for continuation-in this application is not disclo- paragraph of Title 35, United patentability as defined in Ti	under Title 35, United States (-part application(s) listed belong the prior United States (States Code, \$112, I acknowled 37, Code of Federal Regulation automation or PCT internation	ow and, insofar as the sultand/or PCT application is ladge the duty to disclose tions, \$1.36 which became	oject matter of each in the manner provi information which i available between	of the claims of ided by the first is material to the
Insert Prior U.S. Application(s): (if any)	(Application Number)	(Filing Date)	(Status	- patented, pendin	g, abandoned)
	(Application Number)	(Filing Date)	(Status	- patented, pendin	g, abandoned)

The Page 1 of 3

I hereby appoint the practitioners at CUSTOMER NO. 54080 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

CUSTOMER NO. 54080; (BIRCH, STEWART, KOLASCH & BIRCH, LLP)

PLE	ASE NOTE:
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

ich Masse of Pirst	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*			
r Sate Investor toen Name of Investor	Jalaj ARORA	EANTALONA PROMATOKE	DATE			
Decament is Signed	Residence (City, State & Country)		CHIZENSHIP			
sen Residence	Cambridge, Canada		Canada			
szn Post Office "ddrest	MAILING ADDRESS (Complete Street Address including City, State & Country) c/o NPS Allelix Corp.; 101 College Street, 8th Floor; Toronto, Ontario M5G 1L8; CANADA					
hall Name at Sevend Investor, if any: see above	GIVEN NAME/FAMILY NAME Louise EDWARDS	INVENTOR'S SIGNATURE	DATE*			
	Residence (City, State & Country) Toronto, Canada		CITIZENSHIP Canada			
	MAILING ADDRESS (Complete Street Ac c/o NPS Allelix Corp.; 101 College Street,	deiress including City, State & Country , 8th Floor; Toronto, Ontario M5G 11.8) ; CANADA			
ell Name of Third letrotoe, if any: see above	CIVEN NAME/FAMILY NAME INVENTOR'S SIGNATURE Methylin ISAAC		DATE*			
	Residence (City, State & Country) Toronto, Canada	CITIZENSHIP Canada				
	MAILING ADDRESS (Complete Street Address including City, State & Country) c/o NPS Allelix Corp.; 101 College Street, 8th Floor; Toronto, Ontario MSG 1L8; CANADA					
eli Natos në fontë Reessos, if any: nee above	GIVEN NAME/FAMILY NAME Annika KERS	INVENTOR'S SIGNATURE	DATE*			
	Residence (City, State & Country) Sodertalje, Sweden	CITIZENSHIP Sweden				
	MAILING ADDRESS (Complete Street Address including City, State & Country) c/o AstraZeneca R&D Södertälje; SE-151 85 Södertälje; SWEDEN					
nii Plance of Villis avendor, if any: see above	GIVEN NAME/FAMILY NAME Karin STAAF	INVENTOR'S SIGNATURE	DATE*			
	Residence (City, State & Country) Sødertälje, Sweden	CITIZENSHIP Sweden				
	MAILING ADDRESS (Complete Street Address including City, State & Country) c/o AstraZeneca R&D Södertälje; SE-151 85 Södertälje; SWEDEN					
di Name of Slath nuesdon if any: see above	GIVEN NAME/FAMILY NAME Abdelmalik SLASSI	INVENTOR'S SIGNATURE	DATE*			
	Residence (City, State & Country) Toronto, Canada	CITIZENSHIP Canada				
	MAILING ADDRESS (Complete Street Address including City, State & Country) c/o NPS Allelix Corp.; 181 College Street, 8th Floor; Toronto, Ontario M5G 1L8, CANADA					

(Rev. 05/204) Page 2 of 3

^{*}DATE OF SIGNATURE

Fall Name of Seventh Inventor, if any:	GIVEN NAME/FAMILY NAME Tomíslav STEFANAC	INVENTOR'S SIGNATURE		DATE*			
zec 920rc	Residence (City, State & Country)		CITIZENSHIP				
				Canada			
	Toronto, Canada		1	(.211GC2)			
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	c/o NPS Allelix Corp.; 101 College Street, 8th Floor; Toronto, Ontario M5G 1L8; CANADA						
Full Pixture of Eight	GIVEN NAME/FAMILY NAME INVENTOR'S SIGNATURE			DATE*			
diversity, of any: see above	David WENSBO		400000000000000000000000000000000000000				
	Residence (City, State & Country)		CITIZENSHIP				
	Södertälje, Sweden			Sweden			
	MAILING ADORESS (Complete Street Addres	s including City, State & Country)					
	c/o AstraZeneca R&D Södertälje; SE-151 85 Sö	dertālje; SWEDEN					
Full Name of Mirrih	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*			
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	Residence (City, State & Country)	***************************************	CITIZENS	HIP			
	Woodbridge, Canada			Canada			
	MAILING ADDRESS (Complete Street Addres	s including City, State & Country)					
	c/o NPS Allelix Corp.; 101 College Street, 8th Floor; Toronto, Ontario MSG 1L8; CANADA						
Full times of Teath	GIVEN NAME/FAMILY NAME	INVENTORS SIGNATURE		DATE*			
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	Residence (City, State & Country)		CITIZENS	11112			
	Mölndal, Sweden			Sweden			
	MAILING ADDRISS (Complete Street Address including City, State & Country)						
	AstraZeneca R &D Mölndal; S-431 83 Mölndal; SWEDEN						
Full Masse of Eleventh Internation of pays	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*			
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Fail Hazze of Twelfid Inventor, if any: 522 above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*			
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Full Heave of Thirdworth Inventor, if any: see shows	CIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*			
	Residence (City, State & Country)		CITIZENSHIP				
	MAILING ADDRESS (Complete Street Address including City, State & Country)						

(Rev. 05/2004) Page 3 of 3

^{*}DATE OF SIGNATURE

Attorney Docket No. 5999-0525PUS3

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COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

	As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:						
Inseri Title;	POLY-HETEROCYCLIC COMPOUNDS AND THEIR USE AS METABOTEOPIC GLUTAMATE RECEPTOR ANTAGONISTS the specification of which is attached hereto. If not attached hereto, the application is identified by the attorney						
Fill in Appropriate	docket number as set forth above and/or the following: The specification was filed on						
Information -	and amended on	lif ar	micable) and/or		,		
For Use Without	the specification was filed	on 02/17/2005	as PCT International A	pplication Number PCT	/US2005/005216 ;		
Specification Attached:	and was amended on I hereby state that I h	08/08/2005 ave reviewed and und	(if applicable) erstand the contents of the	e above identified specific	ation, including the		
		amendment referred to ity to disclose informa-	o above. otion which is material to	patentability as defined i	in Title 37, Code of		
	Federal Regulations, \$1.56. I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof or more than one year prior to this application, that the same was not in public use or on sale in the United States of America more than one year prior to this application, that the fivention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representative or assigns more than twelve months (six months for designs) prior to this application, and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to this application by me or my legal representatives or assigns,						
	except as follows. I hereby claim foreign for patent or inventor's continuate having the following and the following the follow	rtificate listed below	es Title 35, United States C and have also identified at of the application on wh	ijch priority is claimed: below sny toreign applic	anon for patent or		
	Prior Foreign Applicat	ion(s)		P	riority Claimed		
Insert Priority Information	\	(Country)	(\$ A	nth/Day/Year Filed)	Yes No		
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	(Number)	(Country)	(Mo	nth/Day/Year Filed)	Yes No		
	I hereby claim the benefit under Title 35, United States Code, \$119(e) of any United States provisional applications(s) tisted below.						
Insert Provisional	60/545	<u> 292 </u>	-	February 18, 2004			
Application(s): (if any)	(Application Number)		(Fring Date)				
	(Application Number)		(Filing Date)				
	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:						
Insert Requested Information (if appropriate)	Country		Application Number	Date of Filing (M			
	I hereby claim the benefit including for continuation this application is not disc paragraph of Title 35, Unit patentability as defined in of the prior application and	in-part application(s) losed in the prior Uni ed States Code, \$112, Fitle 37, Code of Feder	listed below and, insofar ted States and/or PCT ap I acknowledge the duty to at Regulations, \$1.56 which	my United States and/or as the subject matter of e plication in the manner p o disclose information whi h became available betw	ach of the claims of govided by the first ch is material to the		
Insert Prior U.S. Application(s): (if any)	(Application Number)	(Fil	ing Date)	(Status - patented, pen	ding, abandoned)		
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I hereby appoint the practitioners at CUSTOMER NO. 54080 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

CUSTOMER NO. 54080; (BIRCH, STEWART, KOLASCH & BIRCH, LLP)

PLEASE NOTE	
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FOLLOWING:	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

į.	apparation any patent source distribution						
Full Name of First or Sole Incentor: brood Name of Inventor	GIVEN NAME/FAMILY NAME Jalaj ARORA	INVENTOR'S SIGNATURE	DATE*				
Document is Signed Insert Residence	Residence (City, State & Country) Cambridge, Canada		CITIZENSHIP Canada				
insen Post Office Address>	MAILING ADDRESS (Complete Street Address including City, State & Country) c/o NPS Allelix Corp.; 101 College Street, 8th Floor; Toronto, Ontario M5G 1L8; CANADA						
Full Name of Second inventor, if may see where	CIVEN NAME/FAMILY NAME Louise EDWARDS	INVENTOR'S SIGNATURE	DATE*				
	Residence (City, State & Country) Toronto, Canada		CITIZENSHIP Canada				
	MAILING ADDRESS (Complete Street Ac c/o NPS Allelix Corp.; 101 College Street,	Idress including City, State & Country) 8th Floor; Toronto, Ontario M5G 11.8;	CANADA				
Full Name of Third Inventor, if engineers	GIVEN NAME/FAMILY NAME INVENTOR'S SIGNATURE Methylin ISAAC		DATE*				
	Residence (City, State & Country) Toronto, Canada	CITIZENSHIP Canada					
	MAILING ADDRESS (Complete Street Address including City, State & Country) c/o NPS Allelix Corp.; 101 College Street, 8th Floor, Toronto, Ontario M5G 1L8; CANADA						
Foll Since of Fourth lowering, if kings see above	GIVEN NAME/PAMILY NAME Annika KERS	inventors signature	DATE* 060929				
	Residence (City, State & Country) Södertalje, Sweden	CITIZENSHIP Sweden					
	MAILING ADDRESS (Complete Street Address including City, State & Country) AstraZeneca R&D Söderiäije, SE-151 85 Södertälje, Sweden						
full Name of fifth Inventor, U 2017; see above	GIVEN NAME/FAMILY NAME Karin STAAP	INVENTOR'S SIGNATURE	DATE*				
	Residence (City, State & Country) Södertälje, Sweden	CITIZENSHIP Sweden					
	MAILING ADDRESS (Complete Street Address including City, State & Country) AstraZeneca R&D Södertälje, SE-151 85 Södertälje, Sweden						
Full Name of Hixth Invantor, it says see above	GIVEN NAME/FAMILY NAME Abdelmalik SLASSI	INVENTOR'S SIGNATURE	DATE*				
	Residence (City, State & Country) Toronto, Canada						
	MAILING ADDRESS (Complete Street Ac c/o NFS Allelix Corp.; 101 College Street,	ddress including City, State & Country 8th Floor, Toronto, Ontario M5G 1L8;	CÁNADA				

*DATE OF SIGNATURE

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	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*			
Full Moute of Security Inventor, if any	Tomislay STEFANAC	THE STATISTICS SOUTH CONTROLLE					
५५७ वर्ष के १५४	Residence (City; State & Country)		CITUZENS	Hip			
	Toronto, Canada			Canada			
	MAILING ADDRESS (Complete Street Add						
	c/o NPS Allelix Corp.; 101 College Street, 8th Floor; Toronto, Ontario M5G 1L8; CANADA						
Fall Name of Eight Inventor, if any:	GIVEN NAME/FAMILY NAME	MYENTOR'S SIGNATURE		DATE*			
sse above	David WENSBO	Married and a		A 54 Cm			
	Residence (City, State & Country)		CITIZENS				
	Södertälje, Sweden			Sweden			
	MAILING ADDRESS (Complete Street Add	* '					
	AstraZeneca R&D Södertälje, SE-151 85 Söd	ertälje, Sweden					
Fell Name of Ninth	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*			
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	Besidence (City, State & Country)		CITIZENS	HIP			
	Woodbridge, Canada		1	Canada			
	MAILING ADDRESS (Complete Street Add	ress including City, State & Country)					
	c/o NPS Allelix Corp.; 101 College Street, 8th Floor, Toronto, Ontario M5G 1L8; CANADA						
Full Name of Tenth	GIVEN NAME/FAMILY NAME	INVENTORSSIGNATURE		DATE*			
Inventor, if any: ser above	Björn HOLM	A STATE OF THE STA					
	Residence (City, State & Country)			HIP			
	Mölndal, Sweden			Sweden			
	MAILING ADDRESS (Complete Street Address including City, State & Country)						
	AstraZeneca R & D Mölndal; SE-431 83 Mölndal; SWEDEN						
FoSt Name of	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*			
Eleventh Javeniae, if any:	,	***************************************					
६६४ वर्षात्रह	Residence (City, State & Country)			HIF			
	MAILING ADDRESS (Complete Street Address including City, State & Country)						
	GIVEN NAME/FAMILY NAME	: INVENTOR'S SIGNATURE	***************************************	DATE*			
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Y.M.N	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*			
Full State of Thirteenth Inventor, if any:	GIAEM WINDLAWIEL MAINE	INVENTONG DICKWICHE					
see above	Residence (City, State & Country)		CITIZENS	L HHP			
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	MAILING ADDRESS (Complete Street Add	lress including City: State & Country)	<u> </u>				
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^{*}DATE OF SIGNATURE

BIRCH, STEWART, KOLASCH & BIRCH, LLP

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COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

	As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as next to my name, that I verily believe that I am the original, first and sole inventor (if only one inventor is r below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter who claimed and for which a patent is sought on the invention entitled: POLY-HETEROCYCLIC COMPOUNDS AND THEIR USE AS METABOTROPIC GLUTAMATE RECE					
nsert Title:	ANTAGONISTS the specification of which is attached hereto. If not attached hereto, the application is identified by the attorney docket number as set forth above and/or the following:					
Fill in Appropriate	The specification was fil	ed on	as United States A	pplication Number		
nformation -	and amended on	(if	applicable) and/or			
For Use Without	the specification was file	d on 92/17/2005	as PCT international A	Application Number _PCI	/US2005/005216_;	
specification Attached:	900					
	Prior Poreign Applica				riority Claimed	
insert Priority Information (if appropriate)	(Number)		(Me			
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Application(*): (ii any)						
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	including for continuation this application is not diparagraph of Title 35, Ur patentability as defined it	m-in-part application(sclosed in the prior U vited States Code, §11 n Title 37, Code of Fed	ited States Code, \$120 of s) listed below and, insofer inted States and/or PCI a 2, I acknowledge the duty the leral Regulations, \$1.56 whith international filing date of	r as the subject matter of e pplication in the manner ; to disclose information whi ch became available betw	each of the claims of provided by the first ich is material to the	
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(Rev. 05/2504)

I hereby appoint the practitioners at CUSTOMER NO. 54080 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

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CUSTOMER NO. 54080; (BIRCH, STEWART, KOLASCH & BIRCH, LLP)

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oll Name of Bast of Role Investors based Name of	GIVEN NAME/FAMILY NAME Jale ARORA	INVENIORS SIGNATURE	DATE Seeso 7/08				
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all News of Second	GIVEN NAME/ FAMILY NAME	INVENTOR'S SIGNATURE	DATE*				
breentor, if any: see about	Louise EDWARDS	<u> </u>	Sca 9/06				
	Residence (City, State & Country) Toronto, Canada		CITIZENSHIP Canada				
	MAILING ADDRESS (Complete Street Accept Accept Allelix Corp., 181 College Street,	ddress including City, State & Country) 8th Floor; Toronto, Ontario MSG 11.8;	CANADA				
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and applica	Wienivin 1999	177 military	360/ 7/263				
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	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*				
fulf Name of Fuorth Lawerdar, if anys cor altour	Annika KERS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	Residence (City, State & Country)	CITIZENSHIP					
	Sodertalje, Sweden	Sweden					
	MAILING ADDRESS (Complete Street Address including City, State & Country) c/o AstraZeneca R&D Södertälje; SE-151 85 Södertälje; SWEDEN						
	COLUMN TANA A STATE A VILLAGE AND A STATE OF THE STATE OF	INVENTOR'S SIGNATURE	DATE*				
ras: Nume of Fifth basector, if anys see abors	GIVEN NAME/FAMILY NAME Karin STAAF	HWIMONONOMIONE	01112				
	Residence (City, State & Country)		CITIZENSHIP				
	Sädertälje, Sweden		Sweden				
	MAILING ADDRESS (Complete Street Address including City, State & Country) c/o AstraZeneca R&D Södertälje; SE-151 85 Södertälje; SWEDEN						
			127.8.27.2				
Full Masse of States Investor, if any: see above	GIVEN NAME/FAMILY NAME Abdelmalik SLASSI	INVENIOR'S SIGNATURE	DATE (%7/0%)				
	Residence (City, State & Country)	A STATE OF THE STA	CITIZENSHIP				
	Toronto, Canada		Canada				
	MAILING ADDRESS (Complete Street A	MAILING ADDRESS (Complete Street Address including City, State & Country) c/o NPS Allelix Corp.; 101 College Street, 8th Floor; Toronto, Ontario M5G 11.8; CANADA					
	N .						

Page 2 of 3

^{*}DATE OF SIGNATURE

Fall Name of Seventh	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*			
Inventor, if anyo see above	Tomislav STEFANAC	Johnson Stelleman	N	Sept. 11, Jook			
	Residence (City, State & Country)		CITIZENSHIF'				
	Toronto, Canada		Canada				
	MAHLING ADDRESS (Complete Street Address	s including City, State & Country)					
	c/n NPS Allelix Corp.; Wit College Street, 8th F	loor, Toronto, Ontario M5G 1L8; C	CANADA				
Full Name of Eight	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*			
Feventia, if rays ren above	David WENSBO						
	Residence (City, State & Country)		CITEZENS	Hif			
	Södertälje, Sweden			Sweden			
	MAHANG ADDRESS (Complete Street Address	s including City, State & Country)	t				
	c/o AstraZeneca R&O Södertälje: 5E-151 85 Sö	tertälje; SWEDEN					
Fact Nonce of Month	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*			
inerator, if any:	Tao XIN			Sept. 7, 2006			
	Residence (City, State & Country)		CITIZENSHIP				
	Woodbridge, Canada			Canada			
	MAILING ADDRESS (Complete Street Addres	s including City, State & Country)					
	c/o NPS Allelix Corp.; 101 College Street, 8th F		CANADA				
Yuli Name of Youth	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	***************************************	DATE*			
inventor, if any: see above	Björn HOLM						
	Residence (City, State & Country)		CITIZENS	HIP			
	Mölndal, Sweden			Sweden			
	MAILING ADDRESS (Complete Street Address including City, State & Country)						
	AstraZeneca R &D Möindal; S-431 83 Möindal; SWEDEN						
Full Haune of Eleverth	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	*******************************	DATE*			
Interntor, if arty:							
	Residence (City, State & Country)		CITIZENS	HIP			
	MAILING ADDRESS (Complete Street Addres	s including City, State & Country)					
Foli Name of Twelfth	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*			
tovetdut, if sort see above							
	Residence (City, State & Country)		CITIZENS	HP .			
	MABLING ADDRESS (Complete Street Address including City, State & Country)						
Fall Name of Thirdsowh	GIVEN NAME/FAMILY NAME	INVENTORSSIGNATURE		DATE*			
Inventor, if any: see abuve			4				
	Residence (City, State & Country)		CITIZENS	74-14.8"			
	MAILING AUDRESS (Complete Street Addres	s including City, State & Country)					

*DATE OF SIGNATURE